

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>National Nurses United</b>		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 03 / 2012</b>	
Mailing Address 2000 Franklin Street		Amount <b>677.11</b>	
City Oakland	State CA	Zip Code 94612	Transaction ID : <b>D486199</b>
Purpose of Expenditure Reimbursement - staff time (estimate)		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>41</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK TAKANO</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>36951.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>National Nurses United</b>		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 03 / 2012</b>	
Mailing Address 2000 Franklin Street		Amount <b>677.11</b>	
City Oakland	State CA	Zip Code 94612	Transaction ID : <b>D486200</b>
Purpose of Expenditure Reimbursement - staff time (estimate)		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>CA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>10151.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1354.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Carolyn Hietamaki*

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**11 / 03 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C C00490375

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Autumn Press

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Mailing Address 945 Camelia St

Amount

674.88

City

Berkeley

State

CA

Zip Code

94710-1437

Transaction ID : D486201

Purpose of Expenditure  
PrintingCategory/  
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 41

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK TAKANO

Calendar Year-To-Date Per Election  
for Office Sought

36951.99

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Autumn Press

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Mailing Address 945 Camelia St

Amount

674.88

City

Berkeley

State

CA

Zip Code

94710-1437

Transaction ID : D486202

Purpose of Expenditure  
PrintingCategory/  
Type

Office Sought:

☐ House

State:

☐ Senate

District: 00

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election  
for Office Sought

10151.99

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1349.76

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

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Carolyn Hietamaki

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C

C00490375

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

California Nurses Association

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 2000 Franklin Street

Amount

800.00

City

Oakland

State

CA

Zip Code

94612

Transaction ID : D486203

Purpose of Expenditure  
Reimburse travel Exp (estimate)

Category/  
Type

Office Sought:

☒

House

State: CA

☐

Senate

District: 41

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK TAKANO

Calendar Year-To-Date Per Election  
for Office Sought

36951.99

Disbursement For: ☐ Primary  
2012 ☐ Other (specify)

☒ General

Full Name (Last, First, Middle Initial) of Payee

California Nurses Association

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 2000 Franklin Street

Amount

800.00

City

Oakland

State

CA

Zip Code

94612

Transaction ID : D486204

Purpose of Expenditure  
Reimburse travel Exp (estimate)

Category/  
Type

Office Sought:

☐

House

State:

☐

Senate

District: 00

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election  
for Office Sought

10151.99

Disbursement For: ☐ Primary  
2012 ☐ Other (specify)

☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1600.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>National Nurses United</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2012		
Mailing Address 2000 Franklin Street			Amount <span style="border: 1px solid black; padding: 2px;">860.00</span>		
City Oakland		State CA	Zip Code 94612		
Purpose of Expenditure Reimbursement - staff travel (estimate)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>D486205</b>		
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">36951.99</span>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>National Nurses United</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2012		
Mailing Address 2000 Franklin Street			Amount <span style="border: 1px solid black; padding: 2px;">860.00</span>		
City Oakland		State CA	Zip Code 94612		
Purpose of Expenditure Reimbursement - staff travel (estimate)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>D486206</b>		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10151.99</span>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">1720.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Carolyn Hietamaki		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2012	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C C00490375

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

NNU Patient Protection

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Mailing Address 8630 Fenton St

Ste 1100

Amount

City

Silver Spring

State

MD

Zip Code

20910-3836

5040.00

Transaction ID : D486207

Purpose of Expenditure  
Estimate of canvas workersCategory/  
Type

Office Sought:

☒

House

State: CA

☐

Senate

District: 41

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK TAKANO

Calendar Year-To-Date Per Election  
for Office Sought

5 36951.99

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

NNU Patient Protection

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Mailing Address 8630 Fenton St

Ste 1100

Amount

City

Silver Spring

State

MD

Zip Code

20910-3836

5040.00

Transaction ID : D486208

Purpose of Expenditure  
Estimate of canvas workersCategory/  
Type

Office Sought:

☐

House

State:

☐

Senate

District: 00

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election  
for Office Sought

5 10151.99

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

10080.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>National Nurses United</b>		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 03 / 2012</b>	
Mailing Address 2000 Franklin Street		Amount <b>2100.00</b>	
City Oakland	State CA	Zip Code 94612	Transaction ID : <b>D486209</b>
Purpose of Expenditure Reimbursement - staff time (estimate)		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>CA</b> <input type="checkbox"/> Senate District: <b>41</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK TAKANO</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>36951.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>National Nurses United</b>		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 03 / 2012</b>	
Mailing Address 2000 Franklin Street		Amount <b>2100.00</b>	
City Oakland	State CA	Zip Code 94612	Transaction ID : <b>D486210</b>
Purpose of Expenditure Reimbursement - staff time (estimate)		Category/ Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <b>00</b> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>10151.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4200.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>20303.98</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Carolyn Hietamaki*

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**11 / 03 / 2012**